

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		4				
6		4				
7		4				
8	1					
9		1				
10		1				
11	2					
12	3					
13						
14		1				
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16		2				
17	1	4				
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TOTAL IND.	3					
TOTAL DEP.	39					
TOTAL CLAIMS	34					

	IND	DEP	IND	DEP	IND	DEP
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